

Arkansas Department of Health

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Governor Asa Hutchinson
Renee Mallory, RN, BSN, Interim Secretary of Health
Jennifer Dillaha, MD, Director

NOTE—The Board will accept only legible, signed, original forms without corrections.

-Statement of Intent to Practice as a Provisionally Licensed Psychologist-

The purpose of this form is to describe your competencies to practice during your period of <u>provisional</u> licensure, regardless of whether you use them in your current work situation. You will complete a new statement of intent upon licensure.

Name (PRINTED):		Lic	License Number:	
			provide. (Note that provisional licensee: tice and populations indicated must be	
	d by coursework and supervise		tice and populations indicated must be	
	eas of practice:	u training.		
	Psychoeducational Testing	☐ Individual Therag	21/	
	Objective Personality Testing	☐ Group Therapy	5 γ	
 □ Projective Tests □ Diagnostic Interviewing □ Hypnosis □ Couples/Marit □ Family Therapy □ Biofeedback □ Consultation □ Neuropsychology □ Other (specify) 		• • • • • • • • • • • • • • • • • • • •	Therany	
		·	Петару	
			y (Psychologists applying for licensure	
			for the first time or adding neuropsychology to their	
		Statement of Intent must have the equivalent of two years		
			e training in neuropsychology, supervised	
			ogist, with at least one of those	
		being postdoctoral	•	
2. Popul	ations to be served:	0.	•	
_ Chil		☐ Adult ☐ Ger	riatric	
3. I have	read, understood, and agree	o abide by:		
□Yes□	No American Psychological	ssociation's Ethical Princip	les of Psychologists and Code of Conduc	
□ Yes □	o ACA §17-97-101 et. Seq., the law that governs the practice of Psychology in Arkansas			
□Yes □	No Rules and Regulations of the Arkansas Psychology Board			
The Boar	d cautions all licensees to confin	practice to areas in which yo	ou have demonstrated competence	
through 6	experience and supervised traini	g. The Statement of Intent fo	orm MUST be amended anytime you	
wish to e	xpand your areas of practice. All	evisions to the Statement of	Intent must be approved by the Board.	
nature:		Date	e:	